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#### IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant	:	Weintraub, et al.	)	Group Art Unit Unknown
Appl. No.	:	09/813,398	)	
Filed	:	March 20, 2001	)	RECEIVED
For	:	CYSTINE KNOT GROWTH FACTOR MUTANTS	)	DFT: 0 5 2001 Office of Petitions
Examiner	:	Unknown	)	- o. remons

### PETITION FOR ACCEPTANCE OF AN UNINTENTIONALLY DELAYED CLAIM FOR PRIORITY UNDER 37 CFR 1.78(a)(2)

Assistant Commissioner for Patents Washington, D.C. 20231

Dear Sir:

APPLICANT HEREBY PETITIONS TO ACCEPT AN UNINTENTIONALLY DELAYED CLAIM UNDER 35 USC 120, 121, OR 365(c) FOR THE BENEFIT OF A PRIOR FILED APPLICATION.

- 1. Petition fee
  - (X) \$1,280
- 2. The proposed claim for the benefit of a prior filed application
  - (X) is enclosed herewith.
- 3. Verified statement that delay was unintentional

The entire delay between the date the claim was due under 37 CFR 1.78(a)(2) and the date the claim was filed was unintentional.

(X) Please charge any additional fees or credit overpayment to Deposit Account No. 11-1410.

Adjustment date: 01/24/2002 AKELLEY 12/05/2001 GTEFFERA 00000147 09813398 01 FC:091 -1280.00 OP

#### 12/05/2001 GTEFFERA 00000147 09813398

01 FC:091

1280.00 OP

Appl. No.

9/813,39

March 20, 2001

(X) Return prepaid postcard.

Respectfully submitted,

KNOBBE, MARTENS, OLSON & BEAR, LLP

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092701

By:

Nancy W. Vensko Registration No. 36,298

Attorney of Record

620 Newport Center Drive

Sixteenth Floor

Newport Beach, CA 92660

(805) 547-5585

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## UNITED STATES PATENT & TRADEMARK OFFICE V'ashington, D.C. 20231

REQUEST FOR DAMPAN THE PROPERTY							
REQUEST FOR PATENT FEE REFUND  1 Date of Request: 1-21-11 2 Serial/Patent # 09/8/3 2910							
1 Date of Request: /-(// 2 Serial/Patent # 99/8/3399							
3 Please refund the following fee(s):	4 PAPER NUMBER	5 DATE FILED	6 AMOUNT				
Filing			\$				
Amendment			\$				
Extension of Time			\$				
Notice of Appeal/Appeal			\$				
Petition	4	214/11	\$ 1280				
Issue	/	109-11-01	\$				
Cert of Correction/Terminal Disc.			\$				
Maintenance			\$				
Assignment			\$				
Other			\$				
	7 TOTAL A OF REFU		\$ 1980				
	8 TO BE REFUNDED BY:						
10 REASON:	Treasury Check						
Overpayment	V CI	cedit Depo	sit A/C #:				
Duplicate Payment	, 1//4/1						
No Fee Due (Explanation):							
P. O unnuessary since clm wastimety filed							
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11 REFUND REQUESTED BY:							
TYPED/PRINTED NAME: FOLICKS TITLE: Pot SUN							
SIGNATURE: PHONE: 305-8680							
OFFICE: 4700							
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APPROVED: Aclica Kelly DATE: 1-33-02							
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Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance Refund Branch Crystal Park One, Room 802B

# INSTRUCTIONS FOR USING REQUEST FOR PATENT FEE REFUND FORMS [FORM NUMBER PTO-1577]

Fill out the form completely, and print or type all information.

- 1. DATE OF REQUEST: Enter the date you fill out the form.
- 2. SERIAL/PATENT #: Enter the Serial or Patent Number.
- 3. Enter a check mark or an X in the box preceding the type of fee to be refunded. If the fee you are refunding is not listed, place a check mark or an X in the box preceding "Other and print or type the fee type on the following blank line.
- 4. PAPER NUMBER: Enter the PAPER NUMBER of the document for which a refund is requested. [PAPER NUMBER refers to the sequential number (on the outside of the official file wrapper) assigned to the document. If the document has no number assigned to it, you may leave this box blank.]
- 5. DATE FILED: Enter the Mailroom Date of the document for which a refund is requested.
- 6. AMOUNT: Enter the dollar amount of the refund.
- 7. TOTAL AMOUNT OF REFUND: Add the dollar amounts in the column labeled <u>AMOUNT</u> and enter the total in the box.
- 8. TO BE REFUNDED BY: Enter a check mark or an X in the box preceding TREASURY CHECK OR CREDIT DEPOSIT A/C # to indicate how the refund is to be made. Requests to credit a Deposit Account must be accompanied by formal authorization to credit the account. Formal authorization to credit a deposit account consists of a copy of the signed statement by the owner of the Deposit Account granting the Commissioner permission to credit their account, stamped with the FEE ACCOUNTABILITY STAMP with the amount of the refund circled.
- 9. **DEPOSIT ACCOUNT NUMBER:** If refund is by credit to a Deposit Account, enter the Deposit Account Number.
- 10. REASON: Enter a check mark or an X in the box preceding the reason the refund is being requested. If there is no fee due, enter the reason on the 3 blank lines provided.
- 11. REFUND REQUESTED BY: Only PTO personnel formally authorized to request refunds should enter their <u>NAME</u>, <u>TITLE</u>, <u>PHONE NUMBER</u>, <u>OFFICE</u> and <u>SIGNATURE</u> on these blanks. Supervisors shall provide the Office of Finance with an advance list of personnel authorized to sign this form.

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